PATENT APPLICATION FEE DETERMINATION RECOR									Application or Docket Number					
Effective October 1, 2003								10/788,758						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE				OTHER THAN		
TOTAL CLAIMS 20							[RATE FEE			_	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		.	BASIC FEE 385.00		00 0	\vdash	SIC FEE	} ———	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		* P		İ	X\$ 9=		0		K\$18=		
IN	DEPENDENT C	CLAIMS	3 m	inus 3 =				. X43≃				X86=		
ML	JLTIPLE DEPE	NDENT CLAIM F	PRESENT			+145			†			290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL			`∟	OTAL	770	
CLAIMS AS AMENDED - PART II									<u> </u>			OTHER		
		(Column 1)		(Colum	nn 2)	(Column 3) SMAL			ENTIT	OF			ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADD TIONA FEE	\L	F	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OF	×	(\$18=		
AME	Independent	*	Minus	***		=		X43=		OF	, ,	K86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 1 45				200		
1, 9, 14								+145=	-	OR		290= TOTAL		
	(Column 1) (Column 2) (Column 3)							ODIT. FEE	1	OR	ADE	OIT. FEE		
	 	CLAIMS		HIGHE		(Column 3)			LADDI	7		<u>.</u>	4001	
		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		R	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		<u>.</u>		X\$ 9=		OR	X	\$18=		
AMEN	Independent	*	Minus	***	<u> </u>	=	F	X43=		OR	×	(86=		
	FINST PRESE	NIATION OF MU	JUIPLE DEF	TIPLE DEPENDENT C		LAIM		+145=		1		+290=		
										OR	L	TOTAL	•	
									<u> </u>	OR	ADD	IT. FEE		
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									_				
MEN	•	REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE	-	R	ATE	ADDI- TIONAL FEE	
ב ב ב	Total	*	Minus	**		=		X\$ 9=		OR	X	518=		
5 L	Independent		Minus	***		=	H	X43=		1	Y	86=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	├			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								145=		OR		290=	·	
** If	* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR		TOTAL T. FEE		
T	he "Highest Num	ber Previously Paid	For (Total or	Independen	t) is the	highest number fo	ound	in the ap	propriate b	ox in co	lumn	1.		